

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, APRIL 17, 1844.

No. 11.

PROPHYLACTIC EFFICACY OF BELLADONNA IN SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following essay was prepared several months ago, and read before a small association of medical gentlemen—not expecting it would ever appear before the public. But being informed of the terrible ravages which this formidable epidemic is now making in some of the neighboring towns, I deemed it a duty to present a few facts, not altogether new or unknown, but which may have been forgotten or unappreciated, and which may be rendered available in arresting the progress of this fearful malady. All the originality which I claim in this production, consists in the careful collation of *facts*. As the subject of this communication is still a matter for adjudication, I thought it proper to present as great an amount of testimony as I could conveniently condense in so brief a space. If you deem it worthy of an insertion in your valuable Journal, you will undoubtedly confer a favor upon that portion of the medical fraternity who may not be in possession of these facts.

Monument, Mass., Feb. 23, 1844.

Respectfully,

JOHN BACHELDER.

History.—The employment of belladonna, as a security against the contagion of scarlatina, was first suggested and practised by Hahnemann, of Leipsic, Germany—the founder of the homœopathic doctrine. He first published his views upon the subject in 1801. For a period of nineteen years subsequent, no medical writer appeared either *for* or *against* the practice; during which time, Hahnemann was nearly or quite its sole defender. In 1820, Dr. Dusterburg, a German, was the next to call the public attention to this subject.* From this period it has occupied the attention of many of the most eminent physicians of Germany, who have made trial with the belladonna.† Of these, the distinguished Professor Hufeland, in a work “On the Preservative Virtue of Belladonna against Scarlatina,” published at Berlin, in 1826, has collected thirty reports from as many German physicians; all of whom have given their testimony in favor of the preservative agency of belladonna against scarlatina.‡

* Good's Study of Medicine, Vol. III., p. 20—Cooper's edition. Macleure's Paper. Medical Intelligencer, Vol. I., p. 386.

† Dr. Thiebaud, in Journal of Medicine of La Loire Inferieure.

‡ Hufeland, in Gazette de Sante, Mars, 1826.

In *France*, it received but little attention until 1835. At this time the editor of the French journal, "*Bulletin Général de Therapeutique*,"* tested the belladonna by many trials; the result of which was, he believed it to be possessed of the virtue attributed to it by the German physicians. At the same time, twenty-five German physicians were engaged in making similar experiments. A more particular notice of these experiments will be presented.

In *Great Britain*, no trials were made with the belladonna until 1833, when Maclure, late President of the Harveian Society, read before that Association an able paper, in which he detailed the result of his observations. Previous to this date, the subject was noticed by only two British writers—Mr. Samuel Cooper, in his edition of "*Good's Study of Medicine*," and Professor Thomson, in his "*Elements of Materia Medica*."† The paper of Maclure was advocated by the late Sir David Barry, Professor A. T. Thomson, Dr. Theophilus Thomson, and several others of equal eminence, who took part in the discussion.

In the *United States*, it has recently engaged the attention of several medical gentlemen, among whom are Professor Dunglison, and other distinguished medical authors. They report that their success fully equalled their anticipation, and recommend it as eminently worthy of a trial.‡

Testimony in favor of the Prophylactic Efficacy of Belladonna in Scarlatina.—The number of children treated with belladonna in Germany, who have been reported up to the year 1837, is 2027; of whom only 79 contracted the disease at all. Hufeland and Schenk, two among the most eminent German physicians, gave it to 515 subjects, of whom only 3 contracted the disease. Cumper had 2 cases only out of 84; Berndt, 14 of 195; Behr, 6 of 47; Velsin, 13 of 247. The cases of Murbeck and Dusterburg are not mentioned. All of these experiments were made in the midst of more or less violent epidemics. Murbeck used the belladonna constantly for seven years, always with the best success, without a single instance of exception. Dr. Dusterburg, of Warburg, experienced such uninterrupted success with it during three consecutive epidemics, that he considered its prophylactic efficacy equal to vaccine virus in smallpox. As an example of the observations by which he came to this conclusion, I will notice one circumstance. During an epidemic he selected, out of each family under treatment, one child, to whom belladonna was not given. All the children thus excepted were affected by the contagion. Dr. Velsin, of Clives, states, that out of 247 persons to whom he administered the belladonna, only 13 contracted the disease, viz.—4 children who used it for several weeks irregularly, 1 child who took it 14 days, another 8 days, and 7 only 48 hours. He also mentions a father, who was with his sick child only a few minutes, and contracted a severe form of the disease; while all the other members of the family, consisting of his wife and several children, from four years to three weeks of age, and under the most favorable circumstances for be-

* Juin 30, 1837.

† Maclure's Paper.

‡ Medical Intelligencer, Vol. I., p. 386.

coming affected by the contagion, by the use of belladonna escaped; although they were with the patient day and night, in a small, ill-ventilated apartment. His final conclusions are—1st. Belladonna is a preservative against scarlatina, in a great majority of cases. 2d. The disease is milder in those who have used it. 3d. When administered in doses pointed out, it is not attended with danger.* Dr. Dusterburg testifies, that no children to whom he gave this medicine a week were attacked by the disease, though constantly exposed. He also affirms, that every child, who was exposed to the contagion, under his observation, and who did not take belladonna, was attacked by the disease.† Dr. Wagner, in the “*Journal des Progrès Sciences Médicales*,” Vol. 1., p. 242, states, that during an epidemic, of those who took belladonna he lost only 1 in 70; of those who did not take the medicine, he lost 1 in 3. He says, farther, whole villages in Germany were preserved from the disease, by taking belladonna, while it was raging around them. Dr. Randhaken, Physician to the Orphan Hospital of Langendorf, saved 160 children, who were exposed to the contagion.‡ Dr. Berndt, of Custrim, states, that out of 195 cases of children who took belladonna, only 14 were infected. All were freely exposed to the contagion. And, afterwards, when he used a stronger preparation, all escaped; while all connected with families, where the disease existed, who did not use the belladonna, were attacked. Koreff, of Berlin, remarks, if belladonna be taken in proper doses, for eight or nine days before exposure, the persons taking it are safe. All the testimony we have thus far adduced, in relation to this medicine, is from the reports of German physicians.

In *France*, the editor of “*Bulletin Général de Thérapeutique*” mentions a boarding school, in which an epidemic had appeared. Of the pupils, none, however exposed to the disease, contracted it, who had made use of belladonna; while it generally attacked all others exposed to it.§ Every physician knows the difficulty of staying a contagious epidemic at such a place. M. Martini, in a paper published in the second volume of the “*Révue Médicale*,” p. 371, avows his belief in its favor. M. Ibralisle, physician of Metz, in a paper published in the “*Bulletin de la Société d’Emulation*,” for April, 1823, p. 201, says, he has seen 12 children preserved by belladonna, who resided in the midst of 206, who were attacked. In the “*Compte rendu des travaux de la Société des Sciences Médicales du Département de la Moselle*,” by M. Scoutetten, published at Metz, in 1830, it is stated by M. Friso, of Scierck, in an epidemic of December, 1828, and January, 1829, the mortality was very great; 83 out of 100 dying. The extract of belladonna was given to 22 persons, who resided and slept with the affected patients. All of them completely escaped. Four children, residing in two affected houses, used not the belladonna. In one of these houses, three children took the medicine. These three escaped; while the first-mentioned four were

* *Bulletin General de Therapeutique*, No. 12, Juin 30, 1837. *Medical Intelligencer*, Vol. I., p. 345.

† *Hufeland's Journal der Practischer Heilkunde*, 1820. (Epidemic of Gutteralep, 1820.)

‡ Dr. A. T. Thomson's *Elements of Materia Medica*.

§ No. 12, Juin 30, 1837. *Medical Intelligencer*, Vol. I., p. 345.

attacked. All were equally exposed. The same writer asserts, he could cite many more examples of a similar result. He now constantly carries the medicine with him, being assured he can always arrest the epidemic. Since he has made universal use of it, up to the date of the paper (Jan. 23, 1829), he had but *one* case of scarlatina; and that through fault of its parents, who refused their child the medicine.

In *England*, Maclure, in a paper, to which allusion has already been made, gives, somewhat in detail, the result of his observations and experience. On the 4th of July, 1833, he visited a lady, laboring under a malignant form of scarlet fever. She was attended, during the whole of her sickness, by her mother, nurse, and three maids (five in all); none of them had ever had the scarlet fever. All the other members of the family were sent from home, except the father and hired servants; who all remained below, and never entered the sick chamber. All these escaped the contagion. Belladonna was taken by two of the attending maids. These two completely escaped; although they were constant attendants at the bed-side. The hired nurse, a stout, healthy woman, 30 years of age, refused to make use of the medicine; and was, in a few days, attacked with the disease, and sent to the Hospital. The mother, between 50 and 60 years of age, also declined the use of it, trusting to her age for security; and on the 9th day of her daughter's illness, was herself attacked. The other maid took the medicine only occasionally. She was seized with symptoms of scarlet fever in a mild form; but no eruption appeared, desquamation slight, recovery rapid. The summary of these cases is this:—1st. The mother and sick nurse, who took no belladonna, both took the disease, one severely. 2d. The maid, who took the belladonna *partially*, was only partially protected. 3d. The other two maids, who took the belladonna regularly from the beginning, completely escaped.

In the *United States*, this article is now employed by many physicians, during the course of the disease; which is supposed to moderate its severity.* But it is spoken of favorably as a prophylactic by some.† None, in the United States, who profess to have any practical knowledge of its virtue in this respect, speak unfavorably of it.

Contrary Testimony.—Professor Lichtenstadt, of Berlin, declares, he made trial with the belladonna, but without any satisfactory result as to its efficacy.‡ As this is the only instance on record, so far as I know, of a result of this kind, may not the failure in this instance be attributable to an inferior article, or some other incidental cause? In this country, doubts respecting its preventive power have been entertained by some, who have used it merely during the course of the disease. Dr. Gilbert, in the *Boston Medical and Surgical Journal* for May, 1842, entertains the highest opinion of belladonna during the course of scarlet fever, he having used it for 15 years; though he does not attach to it prophyl-

* *Medical Intelligencer*, Vol. I., p. 386. *Boston Medical and Surgical Journal*, June, 1839; May and July, 1842.

† *Medical Intelligencer*, Vol. I., p. 386.

‡ *Boston Medical and Surgical Journal*, May, 1836.

lactic power. Its most prominent qualities, he says, entitle it to be termed *diaphoretic, diuretic*, and a *controller of nervous irritability*, for which it has a high reputation. He says, that scarlet fever attacks those of the most lively temperament; in which cases the whole nervous organism is intensely sensitive; and he concludes, that the whole disease is inflammation of the small vessels of the whole system, concentrated about the throat, and that the effectual treatment consists in moderating the morbid sensibility of the nervous system. He commences treatment with bloodletting at the commencement of febrile reaction; and then relies entirely upon small, but frequent, doses of belladonna. Some physicians attempt to explain the apparent efficacy of belladonna as a prophylactic, by denying the *contagion* of the disease; and thus supposing that its invasion depends entirely upon the different degrees of susceptibility. In this way, Dr. Hunt, of Danvers, Mass., and Dr. Comstock, of Lebanon, Conn., correspondents of the Boston Medical and Surgical Journal,* attempt an explanation. But they seem not to have been acquainted with the facts just adduced. This explanation cannot be made available in the experiments of the German physicians. No other names have I found subscribed to similar opinions.

Modus Operandi.—It is believed, by some, in order to exert its prophylactic power, belladonna must produce the usual effects attributed to it, to a certain extent; such as dilatation of the pupils, colic, diarrhoea, perspiration, diuresis, or giddiness.† But such persons speak not from actual observation. It is asserted by all who have made trial, that no such effects ever need be induced. Others suppose it to produce an eruptive disease, similar or analogous to scarlet fever.‡ The eruption is not always *apparent*, but this does not prove that the internal and more susceptible capillary vessels may not be in an analogous state, as is the case in other eruptive diseases. This was the opinion of Dr. A. T. Thomson, of England,§ who observed that it always had this effect, when its beneficial operation in whooping cough was realized; in which disease, it was a favorite remedy with Dr. Thomson. But this effect has been mentioned by no German physician, except Hahnemann; nor have I seen any other physician's name subscribed to this opinion. Hahnemann supposed that scarlatina was either prevented or moderated by the use of belladonna, by inducing a similar disease, like kine pox, on the nervous system.|| But this does not *necessarily* suppose an *eruption*, or anything of the kind; only the *existence* of an eruption was occasionally observed by Hahnemann. Murbeck supposes that belladonna destroys the susceptibility to contract the disease, just as vaccine virus in smallpox; with this difference, the latter secures a *permanent* immunity from the disease, and the former only a *transient*.¶ To this opinion Hufeland subscribes. Maclure attributes its effects to its influence on the nervous system, diminishing or destroying its susceptibility to the

* May and July, 1839.

† Dictionnaire Universel de Materia Medica. Maclure's Paper.

‡ Professor Thomson, in his Elements of Materia Medica. § Ibid.

|| United States Dispensatory.

¶ Bulletin General de Therapeutique, No. 13, Juin 30, 1837.

contagious effluvia. With such or similar opinions, in regard to its mode of operation, the expressed sentiments of most physicians agree; while Dr. Comstock, of Connecticut, perhaps the only one in this country who has adopted a different theory, explains its mode of operation ("if," says he, "it has any virtue at all") by the maxim, "Whilst two poisons wrestle, we may live." But he prefers the flowers of sulphur, as a better established prophylactic.*

Mode of Administering.—*Hahnemann*, on homœopathic principles, gave forty drops in seventy-two hours, of a solution, of which one drop contained no more than the twenty millionth part of a grain of the extract.† The *German physicians*, who next followed him, practising somewhat on the same principle, gave one grain divided into 771 parts, after being mixed with powdered liquorice, one part, a dose for an adult, night and morning.‡ • *Koreff*, of Berlin, dissolved three grains of the extract in one ounce of cinnamon water. Dose—from two to three drops to children 1 year old; and one drop added to the dose for every year of age. This also is the formula of the *Edinburgh Medical and Surgical Journal*; adding, that "In general no apparent effect is produced by it; sometimes, however, it produces an eruption like that of scarlatina. It renders the attack more mild, if it does not prevent the disease; and if taken four or five days before exposure, the disease never proves fatal." The French journal, *Bulletin Général de Thérapeutique*, Juin 30, 1837, has the three following formulæ:—Take of the recently-prepared extract of belladonna, three grains; dissolve it in one ounce of cinnamon water, and add fifteen drops of alcohol. Eight drops to be taken morning and evening, according to the age, for a month. Maximum dose for an adult, fifteen drops. Formula of *Murbeck*:—Take of the recently-prepared extract of belladonna, two grains; fennel water, one ounce. Dissolve. Dose—to children, from 1 to 10 years of age, one to five drops, four times a day; above 10 years of age, six to ten drops. He also gave the medicine during the disease, till desquamation commenced. Formula of *Dusterburg*:—Take of extract of belladonna, three grains. Dissolve in three ounces of cinnamon or canella water. Dose, from ten to twenty drops, according to age, twice a day. Formula of *Velsin*:—Take of extract of belladonna, two grains; distilled water, two ounces; alcohol, two drachms. Dose, five to ten, fifteen and twenty drops, according to age, twice a day. Formula of *M. Martini*:—Take of extract of belladonna, two grains; dissolve in two ounces of water; add a little alcohol. Dose, fifteen to twenty drops daily—no danger attending its use. Formula of *Maclure*:—Take of extract of belladonna, eight grains; dissolve in one ounce of dill water. Dose, twenty drops every night. This, I believe, is the maximum dose on record, given as a prophylactic; yet, in this case, it produces no apparent effect whatever. Formula of *Dr. Comstock* (given by him only during the course of the disease):—Take of powdered leaves of bella-

* Boston Medical and Surgical Journal, Vol. XX., p. 203.

† Eberle's Practice, 2d edition, Vol. I., p. 482.

‡ Edinburgh Medical and Surgical Journal, January, 1825.

donna, one grain; powdered liquorice, sixteen grains; divide into eight equal parts—one part for a dose.*

In addition to the above statements, I may be permitted to notice briefly the result of my own observations respecting the use of this remedy. While a student of medicine, in a manufacturing village (in New Hampshire), a terrible epidemic of scarlatina invaded the place, and some of the neighboring villages and towns. The disease was generally sudden in its invasion, rapid in its course, and fatal in its event. While it was spreading gloom and terror by the fatal ravages which it was making among the children in these places, it occurred to my respected instructor to make trial with the belladonna, as a prophylactic. He made the first experiment upon his own person, to observe the effects of a very large dose, constantly and regularly repeated. Observing no other apparent effect, than dryness of the fauces, and hoarseness of voice, upon first awaking in the morning, which symptoms generally disappeared immediately after the morning meal, he next gave it to his three children—the oldest being 5 years of age, the youngest 1 year. The formula, which he employed in this instance, and in all subsequent cases, was that recommended and employed by Koreff, as given above; viz., three grains to the ounce. Dose, two to three drops to children 1 year old; and one drop added to the dose for every year of age—twice a day. Observing no ill effects in his own children, he recommended and prescribed it to others. Soon, almost every child in the village was taking belladonna. Some of these children were attacked with scarlatina; but among those who took the medicine regularly, and in proper doses, for a week preceding the attack, the disease in no instance proved fatal, or even severe, but was invariably of the mildest type. In fact, *not one fatal case occurred among those who took belladonna regularly or irregularly*. I will be a little more particular. There were about 150 children in the village and its immediate vicinity. Nearly all of these took more or less of the belladonna. Out of this number, there were perhaps 25 who were attacked with the disease—not including the numerous and severe cases which occurred before the use of belladonna. Of this number, there were not more than 5 *severely* attacked; and there is no reason to believe that the belladonna was taken as it *ought* to be by any one of these five. In the outskirts of the town, and in the neighboring towns, where the belladonna was not used, the fatality during this period was as great as it ever had been.

Belladonna was also used by the same medical gentleman during the *course* of the disease.† And, although many cases, in which it was thus used, were evidently of the most malignant type—no belladonna having been taken previous to the attack—yet *all, without a single exception, to whom belladonna was given, eventually recovered*. Cases of this description were quite numerous, occurring in every part of the town, excepting the village. And there is not the least reason to suppose, that *all*

* Boston Medical and Surgical Journal, Vol. XX., p. 203.

† It was generally used in the same manner, as when given as a prophylactic. But when the symptoms were very urgent the dose was repeated, in some instances, every two hours for a day or two.

of these would have recovered without the belladonna. This success cannot be attributed to the *general* course of treatment; for this was essentially the same in all cases, both previous and subsequent to the employment of belladonna. Neither can it be attributed, fairly, to the less fatal tendency of the disease; for the fatality was not at all diminished in the immediate neighborhood.

Such are the facts respecting this important medicine. And without adding any farther observations of my own, I would respectfully submit them.

APOLOGY FOR BECOMING A HOMŒOPATHIC DOCTOR.

[Communicated for the Boston Medical and Surgical Journal.]

As many members of the medical profession appear to be mystified by the sudden conversion of physicians into homœopathists, for their enlightenment it may be worth while to suggest a few reasons, which, being duly considered, may serve to explain the phenomenon. And this may be done without claiming any concession which would imply that "the new art of healing" is in its alleged principles either rational or true; much less that their infinitesimal doses can by possibility produce any appreciable effect upon any organ or tissue of the living body. Indeed it cannot be expected that such concession will be made by scientific and practical physicians, for such men everywhere concur in estimating the theory as a fanciful conceit, and its practice a metaphysical experiment; the effects of the medicated sugar pellets, when any are discoverable, being produced wholly through the imagination. Our apology, therefore, for avowing conversion to homœopathia, and professing to practise it, will do no violence to the settled convictions of our professional brethren, but only prove that there are still weighty considerations in favor of our course, founded upon existing "facts." A few of these will now be respectfully submitted to the readers of the Journal.

1. It is a "fact," that *chronic* diseases are much more numerous than *acute* diseases, so that the former will be admitted to furnish the profession, everywhere, with their most profitable patients, both from the protracted nature of such cases, and their being numerically four-fold or even ten-fold greater. Now in reasoning upon this "fact," suppose it be admitted that all the *acute* cases of disease are beyond the reach of homœopathy, and given over to the "regular physicians;" is it not plain that a monopoly of the *chronic* cases is by far the better inheritance?

2. It is a "fact," that a vast proportion of chronic cases are not only incurable, organic lesions having occurred, but they admit of no medication without positive injury. Nevertheless, these cases are very often free from danger, no structure essential to life being impaired; and such patients last the year round, or from year to year, if they can be amused and employed all the while, in what is called "expectant treatment." In the "regular practice," these innumerable patients are rendered unproductive by frankly telling them that suitable regimen without medicine

is all that is required, and that they may dispense with the doctor and his drugs. But homœopathic practitioners retain all such patients on their list perennally, and as their doses confessedly do no harm, or, if you please, only furnish "a tub to amuse the whale," the mind of the patient is employed in seeming remedies, for which he returns both thanks and fees.

3. It is a "fact," that a large class of patients, who claim medical advice, are only suffering from mere functional disturbances, the result of some depraved habit, or imprudence in diet, and only need air, exercise, abstinence, or change in their habits of living. They nevertheless claim and expect medication, although the ordinary dose of any drug would be injurious; and homœopathists can comply with their rage for physic by infinitesimal doses, which, while they do no possible harm, will nevertheless yield a bountiful harvest of fees, so numerous are these and the like cases.

4. It is a "fact," that there are multiplied examples of "nervous" complaints, so called, especially in *rich* families, which are wholly imaginary, especially in old maiden ladies, who "suffer a thousand deaths in fearing one," while such patients are remarkable for longevity, often surviving their whole kindred. Now these cases seldom furnish the "regular" physicians with more than an occasional fee, for a visit or prescription, while homœopathists can keep them taking sugar pellets for life, and receive therefor an annual stipend of liberal amount.

5. It is a "fact," that in the "regular practice," a young doctor must often become gray-headed before he can attract attention, or inspire confidence in the public, so that "the horse is in danger of starving, while the grass is growing." So, also, he must acquire distinction by dint of success in his profession, before he can hope to be consulted in any complicated or profitable case; and so slow are the public in appreciating his merits, that he often becomes distanced by competition, or discouraged by neglect. Not so, however, if he will only become a homœopathist, for however young and inexperienced, however obscure and unnoticed before, he will soon be summoned to "cure incurable cases," which have been justly decided to be such, by the regular fraternity, and he will find himself in families who else had never heard of him, and thus reap a golden harvest. And though the patient dies, because his potenzen come too late, yet his fame as a miracle-monger is not built upon his cures, but upon the mysticism of homœopathy.

6. It is a "fact," that a young physician, or one without practice, has everything to gain, and nothing to lose, by turning homœopathist, for he will be careful not to take down his sign, much less substitute for his title "Doctor," that of a "practitioner of homœopathy." Hence strangers and casual patients are caught as before, while all he gains by his conversion is superadded to his emolument. Nor is he obliged to betray his art to everybody, and hence if he finds that his patient has been misled by his sign to mistake him for a "regular physician," he can fall back upon "allopathy," and treat him *secundum artem*.

7. It is a "fact," that he may occasionally stumble upon a case of

pleurisy, phrenzy, or other acute form of disease affecting vital organs. In these he knows that his "new art of healing" will soon do the "work of death," or allow it to be done, while he is taking his notes, asking his nine hundred and ninety-nine questions, medicating his sugar pellets, or examining his gallery of drug-sicknesses. Hence he has the skill to discover that bleeding, emetics, mercurial cathartics, or blisters, are "homœopathic to this complaint," and thus treating the case allopathically, he takes occasion to congratulate the patient on having a doctor who can practise on both systems at discretion, the old and the new; informing him, however, that for his recovery it is still essential that he should interpose a few of the infinitesimal doses, and that the cure is to be ascribed to these.

8. It is a "fact," that men of science and high character in the profession will refuse to meet him in consultation, or have any professional intercourse with a homœopathist. But this is no disadvantage to a young man, but contrariwise, for several reasons:—1st, he may ascribe it to jealousy or envy on the part of the older and abler man; 2d, he may complain of persecution, and thus bespeak sympathy; 3d, he might find that comparisons are odious, if he was obliged to meet one whose superiority might be apparent when brought into contrast; and, lastly, his blunders and ignorance would be in danger of detection and exposure, if the consultation were held. Hence, though he may lose caste, yet he will still act upon the ancient motto, "Put money in thy purse."

9. It is a "fact," that to claim exclusive knowledge, and profess a belief in mysteries, and propose to work wonders, are the precise means of gaining over the multitude to any doctrine or practice, however absurd. And though it is alleged against homœopathy, that men of sense and discernment intuitively reject and despise it, yet even if this were true, it forms no argument against the policy of embracing it, for such men constitute an insignificant minority of the mass of the population. Let the homœopathists have all the patients who lack sense and discernment, while they can nevertheless pay their fees; and the "regulars" are welcome to the literati and aristocratic few.

10. It is a "fact," that many of the learned, accomplished, and, what is more to the purpose, the *wealthy*, have an unconquerable aversion to taking nauseous and bitter medicines, such as the "regular physicians" employ in their pills, powders and potions; while such are very willing to place upon the tongue a pellet of sugar of milk every day, or smell a phial occasionally, containing these precious treasures. Hence a homœopathist is preferred by such, and by this craft has great gains.

11. It is a "fact," that the popular prejudice against bleeding, calomel, and mineral medicines generally, has become very prevalent and influential. It is in vain to say that it has originated in the abuse of these valuable remedies, for, whether well or ill founded, the prejudice exists. Surely, then, it is policy to avail ourselves of the clamor, and by the "new art of healing," join in the hue and cry against the old and regular practice, if by doing so we may secure the patients, and pocket the fees.

12. It is a "fact," that the maxim is both popular and true, that "prevention is better than cure." But regular physicians cannot profit by this maxim, for their preventive treatment is given in advice, not in medicine. Homœopathists, however, are "wise as serpents" while they are "harmless as doves." They have preventive drugs always on hand, and especially during epidemics of any kind. Hence they are not only practising upon the sick, but also upon the well, and the healthy are by far their most numerous patients. Their triturated drugs, and minute dilutions, are prescribed to prevent sickness, and as their system goes on acquiring popularity, the whole community, whether sick or well, will be under their treatment and paying them fees.

Thus it will be seen that reasons, by the dozen, nay, "plenty as blackberries," may be given for becoming homœopathic doctors. Henceforth let there be no more marvel or wonderment expressed, that so many of the "regulars" are becoming peddlers of sugar of milk. The wonder is that old-fashioned and antiquated notions of conscience and honesty should deter the profession from generally participating in the profits of this "fair business transaction."

R.
March, 1844.

THE ANTERIOR MEMBRANE OF THE EYEBALL.

[In the lecture delivered by Dr. William C. Wallace, of New York, referred to week before last, the following observations on the minute anatomy of the eye were particularly instructive.]

The eyeball is covered by a continuation of the epidermis which invests the remainder of the body, and as this membrane possesses peculiarities at various situations, it also differs when extended over the eye. According to writers on animal chemistry, the general epidermis consists of albumen, coagulated and consequently opaque. On the eyeball, the albumen is uncoagulated, for the very obvious reason of retaining the transparency of the organ. The membrane is thicker on those portions of the eye which are most exposed to the air, thinner where it is reflected to the eyelids, and again dense and coagulated at the margins of the tarsus.

Whether the structure we are examining is a distinct membrane, or merely a continuation of the conjunctiva, has been a matter of dispute. The latter opinion is supported in most works on the subject, although the former is maintained by many accurate anatomists.

The reasons for believing that the conjunctiva is extended over the cornea are the following. 1. When serpents cast the epidermis, no aperture is left opposite the cornea. 2. The eel may be skinned entire, without any perceptible division between the conjunctiva and membrane covering the cornea. 3. In the mus typhlus, a subterraneous animal analogous to the mole, the cornea is covered with hair, and thus partakes of the nature of the integuments of the rest of the body. 4. The advocates of this doctrine assert that although it is impossible to demonstrate the unity of the membranes in a perfectly fresh eye, yet when the eye is macerated

in water, or immersed in warm water, the dissection may be carried so far as to show a continuity of structure. 5. The diseased state of the conjunctiva in pannus and pterygium extends over the cornea.

The three first statements evidently confirm the contrary opinion. The fourth is not a fact. 5. As in many cases of pterygium tenue, a probe may be introduced between the disease and the conjunctiva, the assertion is not supported. When the disease is deeper seated, both structures as well as the sub-conjunctival cellular membrane are affected.

The opinion that the epidermis of the cornea is totally different from the conjunctiva, is supported by high authority, by anatomical demonstration, and by the phenomena of disease. The accurate Zinn says, "*Sed ipsa illa conjunctiva corneæ agglutinata obtegitur altera membranula tenuissima vera epidermidis propagine, et per corneæ faciem externum expansa.*" Porterfield, Rebes, Meckel, Stachon and Bayle express a similar opinion.

Knowing the composition of the outer layer of the eyeball, it is easy to fit it for examination by hardening its texture with chemical agents. Corrosive sublimate and albumen act readily on this albuminous membrane, and coagulate it so firmly that the true structure may be easily demonstrated. If we immerse an eye in a solution of corrosive sublimate, hold it for some seconds in boiling water, and then commence the dissection from the cornea, we can easily show that the epidermis of the cornea overlaps the conjunctiva. Under favorable circumstances we may extend the dissection to the margin of the eyelids, where the membrane becomes continuous with the epidermis of the general integuments.

In the negro, dark-colored patches of this membrane may be seen on the sclerotal conjunctiva; and on many of the lower animals, the dark patches and margin on the membrana nictitans are formed by this same epidermis.

Those anatomists who assert that they have made preparations showing the unity of the conjunctiva and the cuticle of the cornea, have been deceived, for if we introduce a knife under the conjunctiva and cut through its attachment to the sclerotica, it is possible to remove, uninjured, both conjunctiva and epidermis, so as to give the preparation the appearance of a continuous membrane. These observers have evidently overlooked the possibility of one membrane lying on another.

Like the cuticle on other portions of the body, this membrane is perfectly reproduced after removal, provided the subjacent texture is not injured. Large portions are often detached by attempts to remove foreign bodies; phlyctenulæ and pustules may raise it from its attachments; it may be extensively corroded by ulcers; yet a new cuticle without cicatrix, and perfect in all its parts, supplies the place of that which has been lost. The tunica conjunctiva is not regenerated; when it is divided, as in the operation for strabismus, the margins of the wound recede from each other, and an adventitious deposit covers the sclerotica; when it is removed with a pterygium, the resulting cicatrix is often worse than the disease.

As the epidermis of the common integuments is subject to disease, we

find that the epidermis of the eyeball occasionally deviates from the normal condition. It sometimes loses its transparency, and seems to be more loosely applied to the subjacent parts. In pannus and pterygium, the enlarged vessels are extended to the epidermis, and proceed over the cornea.

If the cornea were covered by a mucous membrane, the mucus on its surface would interfere with vision, as the medium for the passage of light would not be so transparent. In catarrhal ophthalmia the inflammation would be extended over the whole anterior surface of the eyeball, and blindness would be a common occurrence. On the other hand, as we might expect from the anatomical structure, we find that the swelling ceases where the conjunctiva does not exist; the latter membrane rises over the margin of the cornea, but the epidermis of the cornea does not assume a similar disease.

SHOULDER SUPPORTER.

[WHILE opening a package containing the ingeniously-devised instrument alluded to below by Dr. Smilie, of Amesbury, we were reminded of the great number of contrivances, in New England, for propping up the frail tenement of humanity. No inch of body has been neglected, from the ischium to the top of the sternum, for which some sort of supporter has not been devised. Each inventor has discovered that his machinery is the one thing nature is longing for; and so the work of developing new modes of hooping and lacing the outside, to secure the organs within, like a mathematical line, is onward forever. Surely, the profession is distinguished, in this section of the world, both for constructiveness and untiring benevolence. We are gratified with these constant exhibitions of ingenuity, and so far from going to war with this tendency to multiply our means of doing good, we feel bound to encourage a trial of every apparently useful instrument that is fabricated. All that is truly valuable in mechanical surgery has been the result of laborious investigation and patient experiment, from the earliest records of civilization to the present time.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having examined a number of instruments devised to support the shoulders in their natural position, I have thought the idea now crudely sustained, respecting the use of machines, without reference to true physiological and pathological bearings, worthy of being a subject for more extended investigation.

A large majority of those persons affected with pulmonary complaints, follow sedentary pursuits—such as engender the habit of stooping, causing a loss of tone in the respiratory muscles and their adjuvants. The intercostal and abdominal lose their tonicity from constant relaxation; while those that support the head and shoulders in their natural position lose their contractility by constant tension, so that the cavity of the

lungs is contracted and their action becomes impeded, by a want of tone in the muscular appendages of the respiratory apparatus. And one of the most popular instruments invented to remedy this pathological defect, does, in my opinion, add fuel to the disease. It is so constructed that the shoulders are laced back, and confined so as to admit of little or no movement. Now in order that the muscles may regain their tonicity, it does not appear philosophical that their action should be substituted by artificial supports. Having in view these defects, I have constructed an elastic instrument, of which I would respectfully request your opinion.

April, 1844.

Yours respectfully,

E. R. SMILIE.

P. S.—For the want of proper materials, the article is imperfectly made, but you will be able to obtain the principle that I wish to convey. I have found it a very successful adjuvant in the treatment of pulmonary complaints.

THE SPECULUM.

[Communicated for the Boston Medical and Surgical Journal.]

WITHOUT wishing the speculum to become as popular with patients in this country as it is said to be in France (*Med. Chir. Rev.* No. 85, p. 30), yet I esteem its merits so highly, that in my opinion anything that shall tend to diffuse the knowledge of it, and render more attainable its practical benefits, is a service to the profession. I have for some time been in the practice of using a speculum, made of the upper part of an argand lamp glass. The one I commonly use is one inch and a half in diameter, and four inches in length. The glass being cut off above the shoulder, and the cut end distinguished by a rim of sealing wax, is completed by a suitable piece of sponge covered with oil silk, and tied to the end of a staff two or three inches longer than the tube. The sponge is then placed in the entering end of the tube for the purpose of acting as a pioneer, to be withdrawn by the staff when its service is no longer requisite. This, in my opinion, constitutes one of the cheapest, most easily introduced, and either for observation, or the application of remedies, one of the most efficient instruments I have ever seen. For the first description of a tubular speculum I am indebted to an article in the *London Lancet*, by Mr. Fenner, some two or three years since. The No. I cannot refer to.

MOORE HOIT.

New York, April 8th, 1844.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 17, 1844.

Quackery in New York.—New York seems to be the most comfortable place for quacks, with the exception of Boston, in the whole Union. The notorious Williams, after having been exposed in nearly every other city he dared to visit, sat down there and flourished for years. The two Crawcours, by acting alternately the livery servant, while the other personated the fine gentleman, succeeded in swindling the inhabitants of New York, it is said, out of thirty thousand dollars in a very short time.

Of late there has been a new species of quackery copied from the *soi disant* Doctor Turnbull, of London, whose puffing articles about prussic acid in eye diseases, have not yet ceased to go the rounds of the newspapers, and whose stories concerning the efficacy of the alkaloids, are occasionally repeated. Taking advantage of Turnbull's plans, a practitioner in New York is said to have gulled the citizens out of thousands of dollars with the pretence that he was supplying them with expensive medicines. With the utmost plausibility he writes a prescription, for half an ounce or an ounce of *aconitine*, for example, the price of which is a dollar and a quarter a grain, or six hundred dollars an ounce; saying, at the same time, the medicine might be either obtained from him or from any apothecary; but to be certain of its purity and *honest* preparation, it should be obtained from himself. The patient, to his astonishment, finds out that there are really such expensive medicines, and being persuaded by mistaken friends, and the assertions of the quack, concludes to make every sacrifice to purchase what he fondly, but vainly, believes will restore his sight, and prefers to take the medicine from the prescriber rather than from another source. Now it is known to medical men that even the fiftieth of a grain of *aconitine* has produced serious effects, and that it is about as powerful a poison as prussic acid. The quack well knows that half an ounce of *aconitine* would kill two hundred people, and takes very good care to put into the mixture, either none of the expensive medicine at all, or only a safe quantity.

It is said that a certain professor tried to play "the *aconitine* trick," but from want of plausibility or not knowing his man, was obliged to disgorge the hundreds he had thus swindled.

Those who have suffered from this species of imposition, should insist upon restitution by threatening exposure; or if the amount be considerable, to obtain it by a course of law, as no jury would sustain such palpable extortion. The sum of seventy-five dollars—a poor man's all—was thus recovered from Williams, even although a written agreement, to give the latter no trouble, had been signed. The jury considered that the agreement had not been made in good faith, and rendered a verdict for the plaintiff. When such was the fate of Williams, it is really astonishing how other quacks have so long been able to escape the clutches of the law.

It cannot be denied that some individuals of New York have experi-

enced benefit, but we assert that removal to the healthy air of an island, regular exercise, as walking, riding, sailing, &c., change of scene and absence from domestic cares, do quite as much for the restoration of health, as EXPENSIVE medicines from unprincipled speculators.

Method of determining the Character of Luxations.—An ingenious mode of deciding, instantaneously, the precise kind of luxation that may be presented to the surgeon, has lately been devised by an eminent professor. If a limb happens to be swollen before the surgeon has made an examination, all know the extreme difficulty of determining the precise condition of the parts. Young surgeons, especially, often hazard the little reputation they may have established, and even those very experienced in dislocations are sometimes perplexed beyond measure in this difficult department of practice. For this invention, for such, in fact, it must be regarded, we are indebted to Dr. N. R. Smith, of Baltimore. Plaster casts have been taken of all forms of displacements,—that is, the external appearance of the parts. These are uniformly alike. A dislocation of the elbow will always present the same aspect, in every individual, the world over; and so of any and in fact all other articulations. How difficult it sometimes is, for example, in case of the displacement of the astragalus, to know the fact. A series of models, therefore, which exhibit the distortions, at the point of injury, and the neighborhood, under such circumstances, must be invaluable. These patterns are of great variety, according to the peculiarities of each accident. The frequent occurrence of mishaps to the bones, allows of an extensive collection, so that it will rarely happen that any form and shade of appearance will not be recognized on the model, and the surgeon will thus be enabled to understand, at once, the minutiae of the case before him.

Surgical Operation for a Deformity.—Dr. March, of Albany, known for his successful operations in all departments of surgery, recently performed an important operation for the relief of a shocking deformity. "The patient, Mr. D. N., of Troy, aged 22 years, had the misfortune to be severely burned about the throat in infancy, and the contracted cicatrix has since bound his chin closely to his chest, greatly distorting also his mouth. The operation was commenced by dividing, by cautious delicate sweeps of the knife, the whole of the contractions by an incision which extended across the front of the throat nearly from ear to ear, gradually elevating, at the same time, the head. It was found that the division of the integuments merely, would not suffice in this case as it usually does, the mastoid muscles having participated in the general contraction; their sternal attachments were accordingly divided, together with the deep cervical fascia, which allowed a sufficient elevation of the head, leaving an open wound, nearly five inches in width and eight in length. This part of the operation being completed, the next step was to make a pattern of the gap or wound by which to shape the flap to be taken from the shoulder. This done, the operator proceeded in its dissection from the left shoulder, the whole of the deltoid muscle being exposed. A narrow neck for the support of the flap was left undivided, by twisting which it was turned to cover its future place. The margins were attached to the margins of the gap by twenty-six points of suture. The fit was most accurate and the

immediate improvement great, though time will effect much more. The wound upon the shoulder was drawn together in a measure by sutures, and the dressing completed by lint and a roller, which with compress was also applied around the neck to bind the flap closely in its place."

Region for Consumptive Patients.—Physicians, who have had ample opportunity for observation, assert that the climate of the interior of Illinois affords remarkable relief to persons laboring under diseases of the lungs. At Hillsboro', a large and flourishing town, the centre of a county, a case of pulmonary consumption, it is said, has not been known in the place or neighborhood, in five years, with one single exception, and that was involved in some doubt. A physician, whose lungs were exceedingly sensitive, and who had several times raised blood alarmingly, assures us that he has been restored to comparative health since removing to a town that borders on a prairie. He has much confidence in saying that persons who have apprehensions of a decidedly diseased state of the lungs—especially those on the Atlantic border here in New England, or within the searching influence of the cold easterly winds—would often find themselves relieved from the irritability of the organs, cough and thoracic pains, which forebode a fearful tendency if not speedily restored, by an escape to the more genial climate of that State. If simply taking up a residence on the most beautiful lands in the world, accessible by water, stages and railroads, at all times and seasons, offers such promises of relief to the consumptive, who would not avail themselves of the happy remedy? We are desirous of obtaining more and definite information on this important subject, and therefore invite medical gentlemen in Illinois to favor us with the results of their observations and experience in regard to a matter of such peculiar interest.

Burying under Churches.—It is lamentable that some active course cannot be adopted in this and all other American cities, to stop the vast accumulation of dead human bodies under our churches. What a horrible mass of active putrefaction there is in the very heart of this great city, evolving gases through the seams and crevices of the floor, to be inhaled by the living. Although there is a fancied security, and we are told that nothing escapes that can be of the least injury to health, it is, we believe, untrue. The gases that are liberated in the process of decomposition, cannot be confined in a tomb—they are diffused, and the congregation insensibly inhale the seeds of death from below, which will assuredly germinate, and ripen.

The custom of entombing under houses of worship is a relic of a semi-civilized age, and totally unworthy the regard of intelligent society in this epoch of chemical light and scientific attainments, when the laws of health are quite as familiar as the civil code. Cannot something be done in furtherance of an object that has been several times agitated in Boston—the removing this pestilent accumulation from under our places of worship?

University of Transylvania.—Although there are two great rival schools of medicine and surgery in Kentucky, one at Lexington and the other at Louisville, they seem not to interfere with each other's prosperity, nor are

the two either waning in influence or suffering for the want of proper sustenance. It is conceded that both can exist with benefit to the community, entertain friendly regards, and be on good terms.

At Lexington, where the lecture season closed a few weeks since, there was a class of 214. Since the organization of the medical department of the University in 1819, there have been 5,211 pupils in attendance on the lectures. Few institutions have exerted a wider influence in twenty-five years. In the same time, 1440 have taken the degree of M.D. It is considered particularly providential, that not a single student has died during the sessions, within the last six years. This fact speaks well for the climate of Lexington.

Having been there and examined into the capabilities of the place with reference to the advantages it possesses for the study of medicine, we can say, unhesitatingly, that all that is promised by the faculty is given in full measure.

Law of Population and Mortality.—A volume is in a state of preparation by Dr. Forry, of New York, on the *Law of Population and Mortality in the United States, based upon the Six Censuses, and other data, with a condensed view of General Hygiene or State Medicine, in its relation to Vital Statistics, as regards the promotion of Longevity and Happiness.* Those who have it in their power to furnish such facts as would be of service to the author, would doubtless confer a special favor by sending them to him seasonably. Lemuel Shattuck, Esq., of Boston, has given much attention to the subject, and could render profitable assistance from this quarter. All the tables of Dr. Wigglesworth, of which the life insurance offices make some use, may be found in Mr. Shattuck's pamphlet. Dr. Bowditch, late Actuary of the Massachusetts Life Office, did not leave any published calculations upon vital statistics, as has been supposed, and we are warranted in saying that Mr. Shattuck has done quite as much as any other person in New England in regard to this subject.

Use and Abuse of Dental Surgery.—J. R. Dillingham, a dental operator of Lynn, Mass., of high respectability, is the author of a neat publication designed for popular reading, bearing the above title, that contains remarks on the diseases of the teeth, the method of preserving them, &c. &c., which will unquestionably be read with satisfaction by those for whom it was particularly designed. We cordially approve of every effort that may be instituted for enlightening the people on the important subject of practical dentistry. We have no patience with quacks of any sort; but quack dentists are a shade worse than any other—because, instead of effecting any good, even by chance, they almost invariably spoil nature's work, and hasten the destruction of the teeth they vainly pretend to save.

Medical Appointment.—Elisha Bartlett, M.D., formerly of Lowell, Ms., and now holding the chair of Theory and Practice at Lexington, Ky., has been elected to the professorship of Theory and Practice of Medicine in the University of Maryland, at Baltimore.

Chailly's Practical Treatise on Midwifery.—A copy of this excellent work, referred to some weeks since, translated by Dr. Bedford, of the University School of Medicine, New York, came too late for more particular notice this week. We are well pleased with its appearance.

Incurability of Consumption.—An extract was given from Dr. Chapman's late work, a few weeks since, in which an opinion was advanced that a genuine case of pulmonary consumption had never been cured. In a recent letter from Dr. Hopton, of Cheraw, S. C., he sustains this opinion in the following manner. "I agree with Dr. Chapman, in asserting that phthisis is an incurable disease. I have practised medicine upwards of twenty years, both in this country and abroad. I have seen many cases—I have treated them, and I have seen them treated by others, but in no instance have I known a case cured. Those who assert that it is curable, have been mistaken in the disease. They may possibly have confounded it with chronic bronchitis, laryngitis, elongation of the uvula, &c. &c., all of which have symptoms not very unlike those of phthisis."

TO CORRESPONDENTS.—Dr. Parker's paper on Erysipelas, and some further documents relating to the disputed case in Buckland, are on file for publication.

MARRIED.—In Boston, Edward P. Le Prohon, M.D., of Montreal, to Miss Lucy H. Green.—In New York, Wm. P. Overton, M.D., to Miss E. F. Hewins.—Dr. Edward Hodges to Miss S. A. Moore.

DIED.—In South Boston, John B. Stebbins, M.D., long known in this city as a respectable and skilful physician.

Number of deaths in Boston for the week ending April 13, 37.—Males 15; Females, 22. Stillborn, 2.

Of consumption, 5—fits, 2—infantile, 3—disease of the bladder, 1—accidental, 1—abscess, 1—burn, 1—inflammation of the lungs, 1—dropsy in the head, 1—inflammation of the kidneys, 1—lung fever, 1—drowned, 1—disease of the spine, 1—old age, 5—scarlet fever, 5—child-bed, 1—marasmus, 1—intemperance, 1—dropsy on the brain, 1—white swelling, 1—dropsy, 2.

Under 5 years, 15—between 5 and 20 years, 5—between 20 and 60 years, 10—over 60 years, 7.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Mar.	Therm.	Barometer.	Wind.	Mar.	Therm.	Barometer.	Wind.
1	from 40 to 50	from 29.49 to 29.52	S W	17	from 34 to 43	from 29.79 to 29.81	N W
2	36 44	29.18 29.29	S W	18	36 41	29.84 29.85	S W
3	37 47	29.30 29.37	N W	19	16 38	29.29 29.52	W
4	23 31	29.10 29.36	N W	20	32 46	29.18 29.47	S W
5	6 22	29.62 29.73	N W	21	30 34	29.34 29.37	N W
6	21 40	29.79 29.84	N W	22	25 34	29.03 29.06	N W
7	18 46	29.88 29.90	S W	23	21 33	29.20 29.23	N W
8	39 45	29.53 29.76	S W	24	20 40	29.33 29.39	N W
9	41 47	29.25 29.27	W	25	36 57	29.22 29.38	W
10	29 39	29.38 29.42	N W	26	32 55	29.45 29.50	N W
11	32 51	29.60 29.79	N W	27	30 38	29.57 29.75	N E
12	34 47	29.77 29.80	S E	28	28 30	29.30 29.58	N E
13	40 46	29.36 29.55	S E	29	41 48	29.26 29.59	N W
14	42 48	29.36 29.44	N W	30	22 28	29.30 29.36	N E
15	28 32	29.59 29.63	N E	31	20 30	29.55 29.85	N W
16	30 35	28.99 29.38	N E				

This month has been March in good earnest—cold, stormy and cheerless—the last day of the month one of the coldest and most uncomfortable; thermometer at 20, ground covered with snow. Thermometer ranged from 6 to 57. Barometer, from 28.79 to 29.90. 3.89 inches of rain fell—18.5 of snow.

Moral Insanity.—In all cases of moral insanity there is physical disease, which may be detected by a physician conversant with insanity, its precursors and concomitants, though it may not easily be discerned by a court or jury, however enlightened in the law. The distinction which I would make between moral insanity and moral turpitude, is, that in the former, some diseased function of organs, more or less intimately connected with the brain and nerves, has preceded or accompanies it. There is another fact in this connection worthy of a passing remark. It is, that, in cases of insanity in which the intellect is involved so as to make it certain that insanity exists, the moral feelings often become first affected; the individual appears strange, is morose when he has been kind, violent when he is naturally mild, passionate when he has been calm and pleasant, and all this before the intellect becomes disturbed. Nothing is more common than for friends to state to us, when they bring patients who are violently insane to our care, that, before they became so, there was, for weeks or months, a change in their feelings for which they were unable to account, but that they did not think them insane till they became violent, threatened mischief, or exhibited some delusion. In all great and sudden excitements of the mind, the feelings are disturbed before the understanding is influenced: under provocation, the temper is enraged before the judgment is perverted and volition excited; causes of grief first awaken the tender feelings before they influence the intellect; our sympathies are first excited before the mind moves to dispense its charities. So in disease—even delirium in fever and other acute diseases rarely affects the understanding till it produces irritability, impatience, and excitement of the feelings. Is it surprising that, in insanity, functions so active should be uncontrollably affected alone when they are so frequently, I might say universally, concomitants of mental derangement? The subject is one of deep interest, and should not be dismissed hastily in the examination of those arraigned for crime or suspected of insanity.—*Dr. Woodward's Annual Report.*

Insanity connected with the Puerperal State.—In the insanity connected with the puerperal state, the characteristics of disease are so wild and furious, as usually to require an early subjection to asylum treatment, and it rarely occurs that such cases do not recover. The symptoms are ordinarily of the most violent form; the conversation is wild, obscene and chaotic;—the patient is destructive, sleepless, and vociferous. The intensity of diseased action would appear to threaten life from its continuance; from day to day there seems an imminent hazard of the patient's sinking, yet in our experience no patient ever has done so. This, perhaps, may be in part from the fact that such cases are peculiar to that period of life, when the recuperative energies of the constitution are strongest.

This class of patients is ordinarily the most pleasant and satisfactory, as far as results are concerned, of any that ever enter an asylum. The recovery, often protracted, is always entire; no distortions, weaknesses, or eccentricities of mind, are apt to be its sequel. The sufferers have uniformly appreciated the violence of their disease and the cares which have been bestowed upon them, and evince the most grateful feelings.—*Dr. Bell's Annual Report.*